UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

	Case No.	 至 21-CV-3813	
ANDYORTIZ		(to be filled in by the Clerk's Office)	
Plaintiff(s)			
(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional			
page with the full list of names.)			
-V-			
P. I. C. C. Ect			
Defendant(s)			
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page)		
with the full list of names Do not include addresses here)			

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$52) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for	each plaintiff named in the complaint. Attach additional pages if
needed.	
Name	ANDY ORTIZ / WYO. SNOOP. OFFICE / WYO SNOOP/
All other names by which	ANTY ORTIZ / WYO. SNOOP. OFFICE ?
you have been known:	WYO SNOOP

All other names by which you have been known:

ID Number

Current Institution

Address

Defendant No. 1

٠ ,			
1212917			_
PhilaDELPHIA -	INDUSTrig 1-	CORRECTIONAL-CEN	TOR
8301 STATE			
PHILADELPHIA	4 DA	19136	
City	State	Zip Code	

The Defendant(s) B.

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Clo: Gibson Name CORRECTIONAL OFFICER Job or Title (if known) Shield Number UNKNOWN PHILADELPHIA DEPT. OF PRISON Employer 8301 STATE ROAD Address Individual capacity Official capacity Defendant No. 2 Mo: Bailey Name CORRECTIONAL OFFICER Job or Title (if known) Shield Number UNKNOWN PHILADELPHIA DEPT. OF PRISON Employer Address Individual capacity Official capacity

officials?

	Defendant No. 3	0.010
	Name	A C/O: Johnson
	Job or Title (if known)	CORRECTIONAL OFFICER
	Shield Number	CNKNOWN
	Employer	PHILADSCHUM DEPT. OF PRISON
	Address	830 STATE ROAD
		PHIUADELPHIA PA 19136 City State Zip Code
		Individual capacity Official capacity
	Defendant No. 4	
	Name	CO: E. YOUNG CORRECTIONAL OFFICER
	Job or Title (if known)	CORRECTIONAL OFFICER
	Shield Number	MKNOWN
	Employer	PHELADELPHIA DEPT. OF PRISON
	Address	8301 STATE ROAD
		OHTUADELPHIA PA 19136 City State Zip Code
		Individual capacity Official capacity
п.	Basis for Jurisdiction	
11.		
		tate or local officials for the "deprivation of any rights, privileges, or
		and [federal laws]." Under Bivens v. Six Unknown Named Agents of 388 (1971), you may sue federal officials for the violation of certain
	constitutional rights.	500 (1571), you may bue leactar officials for the victarion of the
	A. Are you bringing suit against (c.	heck all that apply):
	Federal officials (a Bivens	claim)
	State or local officials (a §	1092 alaim)
	State of focal officials (a g	1965 Claim)
	B. Section 1983 allows claims alle	ging the "deprivation of any rights, privileges, or immunities secured by
	the Constitution and [federal law	ws]." 42 U.S.C. § 1983. If you are suing under section 1983, what
	federal constitutional or statutor	ry right(s) do you claim is/are being violated by state or local officials?
	1 ST Hanklower , Str	Amendment, 14 Amendment, retali ation Claim ightlity, policies or customs, Bill of rights to protect claim, con Stitutional rights mere uplated.
Due pr	ocess clause, montcipal	to project staim can still the all Clants
deliber	ate indifference, failure	Cul Chapter Chairing Constitutional Lights
+	Kali 1 3113/ 3 197010	The spirits where operation
	C. Plaintiffs suing under <i>Bivens</i> m	ay only recover for the violation of certain constitutional rights. If you
	3.00	enstitutional right(s) do you claim is/are being violated by federal

LIST OF DEFENDANT

DEFENDANT NO.5

NAME: WARDEN FARRELL

JOB OF TITLE: SUPERVISOR, WARDEN

SITIELD NUMBER! UNKNOWN

EmployER: PHILADEPHIA DEPT. OF PIZISONS

ADDRESS: 8501 STATE ROAD

PHILADELPHIA, PA. 19136

INDIVIDUAL CAPACITY

DEFENDANT NO. 6

NAME: MAGOR MARTZIN

Jobor Title: Superzuisor

SHIELD NUBBER: UNKNOWN

EmployER: PHILADELPHIA DEPT. OF PRISON

ADDRESS! 8301 STATE ROAD

PHILADELPHIA, PA.19136

INTUIDUAL CAPACITY

DEFENDANT NO. 7

NAME: SARGENT: HEADS

BOOTTITLE: SUPERLIBOR - SARGENT

SHIELD NUMBER ! UNKNOWN

EmployER: PHILADELPHIA DEPT. OF PATSON

ADDESS: 8301 STATEROAD

PHZLADELPHIA, PA, 19134

LIST OF DEFENDANT

DEFENDANT NO. 8

NAME: SARGENT CRAWFORD

Job or TITLE: SUPERVISOR - SMARGENT

SHIELD NUMBER! UNKNOWN

EMPLOYER: PHILADELPHIA DEPT. OF PICISON

ADDRESS: 851 STATE ROAD

PHZLADELPHIA, PA. 19136

INDIVIDUAL CAPACITY

DEFENDANT NO: 9

WAME ! LIEUTENANT SPELLMAN

JOB OF TITLE! SUPERVISOR - LIEUTEN ANT

SHIELD WUMBER! UNKNOWN

EMPLOYER: PHILADELPHIA PEPT. OF PRISON

ADDRESS: 8301 STATE ROAD

PHILADELPHIA, PA 19136

INDIVIDUAL CAPACITY

DEFENDANT 1190:10

NAME: BLANGHE CARNEY

Job or TITLE: SUPERUISOR - PRISON COMMISSIONSR

SHIELD NOMBER! UNKNOWN

EmployER: City OF PHILADELPHIA

ADDRESS: 7901 STATE ROAD

PHILADELPHIA, PA. 19136

LIST OF PEFENDANT

DEFENDANT NO'11

NAME: C/O: MORRZS

JOBOT TITLE: CORRECTZONAL OFFICER

SHIELD NOWBER: INKNOWN

EMPLOYER: PHELADELPHIA DEPT. OF PRISON

ADDRESS', 8301 STATE ROAD

PHILADELPHIA, PA. 19136

I DIVIDUAL CAPACITY

DEFENDANT NO! 12

NAME! Clo: CLARK

JOB OF TITLE: CORRECT IOWAL OFFICER

SHZELD NUMBER! UNKNOWN

EmployER: PHTUTOEPHIA DEPT. OF PRESON

ADDRESS : 8301 STATE ROAD

PHILADELPHIA, PA.19136

IND INTOWAL capacity

DEPENDANT NO:13

NAME: CLO . CL. JONES

JUB OF TITLE: CORRECTIONAL OFFICER

SHIELD NUMBER: UNKNOWN

EmployER; PHILADELPHIA DEPT. OF PRISON

ADDRESS: 1901 STATE ROAD

PHILADELPHIA, PA. 19136

LIST OF DEFENDANT

DEFENDANT NO". 14

NAME: C/O: S. ROBBINSON

JOB OF TITLE! CORRECTIONAL OFFICER

SHIELD NUMBER: UNKNOWN

EMPLOYER: PHILADELPHIA DEPT. OF PRISON - C.F.C.F

MODEESS! 7901 STATE ROAD

PHILADELPHIA, PA. 1913Ce

INDIVIOUAL CAPACITY

DEFENDANT NO: 15

NAME: C/O: M. COOPER

JOB OF TITLE! CORRECTIONAL OFFICER

SHIELD NUMBER : UNKNOWN

EmployER: PHTUAPELPHIA DEPT. OF PRISON - CF.C.F

ADDRESS: 7901 STATE ROAD

PHILADELPHIA, PA. 19156

INDIVIDUAL CAPACHY

PEFENDANT NO! 16

NAME: OLT. G. malloy

subortitle: supervisor - Lieutenant spellman

SHIELD NUMBER UNKNOWN

EmployER PHILADELPHIA DEPT. OF PRISON

ADDRESS: 7901 STATE ROAD

PHILADELPHIA, DA. 19136

LIST OF DEFENDANT

DEFENDANT NO. 17

NAME: DEPUTY wardEN: E. CRUZ

Jobor 7:7LE: SupER visor - warden of Administration

SHIELD NUMBER! UNKNOWN

EMPLOYER! PHILADELPHIA DEPT. OF PRISON/C.F.C.F

ADDRESS! 2901 State ROAD

PHICADELPHIA, PA. 19136

INDIVIDUAL CAPACITY

DEPENDANT NO: 18

NAME: Major: R. ROSE

Job or TITLE! supervisor

SHIELD NUMBER! UNKNOW

EmployER! Philadelphia Depti of prison

ADDRESS; 1901 State ROAD

PHELAPELPHEA, PA. 19136 INDOVIDUAL CAPACITY

DEFENDANT NO: 19

NAME: SARGENT : GRANVIlle

Job or TITLE: SUPER VISOR - SARGENT

SHIELD NUMBER! UNKNOWN

EMPLOYER: PHILAPELPHIA DEPT. OF PRISON

ADDRESS! 7901 State ROAD

PHILADERHIA, PA. 19136

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

SEE Attack PAGES

III.	Prisoner	Status
III.	TIISOUCI	Dialus

Indigate	e whether you are a prisoner or other confined person as follows (check all that apply):
∇	Pretrial detainee
V	Civilly committed detainee
	Immigration detainee
\square	Convicted and sentenced state prisoner
	Convicted and sentenced federal prisoner
	Other (explain)

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

NA

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

IN SIDE CURRAN-FROMHOLD-CORRECTIONAL FACILITY ON DI-4 IN SIDE PI,C,C ON GUNIT & K-UNH.

C.	What date and approximate time did the events giving rise to your claim(s) occur?
	The incident happen at curran-fromholp-correctional-Facility
	and 9 + philadelphila industrial correctional center at
	ground, may, 20,2020

What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? D. Was anyone else involved? Who else saw what happened?)

Cell mate while on protective custody Status and we Unas going out the Same time while we exercise activitys

They same to are cell and threat us - They meaning general population.

On C-unit I went to protective custody some time Back in 2621 and there

where mental Health immete from general population that was nowed on the

Seperated me and my cell was getting Dirty

Injuries

Fives and poof throw at are door to protect a sick call

If you sustained injuries related to the events alleged above, describe your injuries and state what medical

treatment if any you required and did or did not receive.

treatment, if any, you required and did or did not receive.

Pain & Suffering Emotional distress Mental in Juny's

lumps on the face and a little leg Induries and Back induries I Im 9150 Ex navsted cause I filed every paper work that I can file. Due to Diliberate Indifference. I was refuse medical one

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

5 million U.S DollAR to to my Insurys I Suffer and including punitive Damages as well.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility? A. Yes No If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). Does the fail, prison, or other correctional facility where your claim(s) arose have a grievance B. procedure? Yes No Do not know Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose C. cover some or all of your claims? Do not know If yes, which claim(s)?

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?	
	Yes	
	□ No	
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or	
	other correctional facility?	
	Yes	
	□ No	
E.	If you did file a grievance:	
	1. Where did you file the grievance?	
	Both Jails corran-Fromhold-correctional-Facility	
	Both Jails corpan-Fromhold-correctional-Facility and Philadelphia Industrial Correctional Conter.	
	2. What did you claim in your grievance?	
THAT	I was a PICK ON K- unit and were and my	
cen mat.	e micheal witherspoon was threaten and also	
out with	General population during the straises and shoused on the un	2
with me.	I was a PICK on K- unit and work and my e micheal witherspoon was threaten and also general population during esercises. on c-unit I ben my population inmates that washoused on the un Also That at CFCF I gark a couple time to be house by 3. What was the result, if any?	/
	3. What was the result, if any?	
	Nowe what so Ever.	
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)	
	None at all Cause the prison failed to	i.
	Notice at all Cause the prison failed to respond to the five grievance I wrote on Each Situation.	4

	F.	If you did not file a grievance:
		1. If there are any reasons why you did not file a grievance, state them here:
		MA
		2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
		An the above I had informed with:
		All the above I had informed with: was giving an answer this is Jail not a that you have no rights.
		that you have no rights.
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative
		remedies. T words so many acievance to the pereture who
		croy and major warden R. Rose Caust. I fettike
		I wrote so many grievance to the Depoty warder. Crop and major warden R. Rose Cause. I fettike The supervosor where not giving my grievance to the higher up
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your
		administrative remedies.)
VIII.	Previ	ious Lawsuits
	The "	'three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying
	the fi	iling fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, ght an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous,
	malic	cious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent
		er of serious physical injury." 28 U.S.C. § 1915(g).
	To th	ne best of your knowledge, have you had a case dismissed based on this "three strikes rule"?
		Yes
		No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?		
	Yes		
	□ No		
В.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)		
	1. Parties to the previous lawsuit		
	Plaintiff(s) Andy ORTIZ		
	Defendant(s) C/O: S. BlackSheer		
	2. Court (if federal court, name the district; if state court, name the county and State)		
	Eastern District of PA		
	3. Docket or index number		
	21-CV-3101		
	4. Name of Judge assigned to your case		
A	& GERALD J. PAPPERT, J		
	5. Approximate date of filing lawsuit		
	unknown But Filed to the Courts		
	6. Is the case still pending?		
	Yes		
	No		
	If no, give the approximate date of disposition.		
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)		
C			
C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?		

E.D.Pa. AO Pro S	e 14 (Rev. 01/21) Complaint for Violation of Civil Rights
	Yes Yes
	☐ No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit Plaintiff(s) Defendant(s) Therefore the previous lawsuit Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)
	Eastern District of DA
	3. Docket or index number $71-CV-3104$
	4. Name of Judge assigned to your case
	1ST CIERALD J. PAPPERT, J.
	5. Approximate date of filing lawsuit
	inknow. Filed to the court as of NOW!
	6. Is the case still pending?
	Yes
	No No
	If no, give the approximate date of disposition
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
	NA

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Signature of Plaintiff	ancly Otings			
	Printed Name of Plaintiff	ANDY ORTIZ			
	Prison Identification #	1212917			
	Prison Address	7901 State & RO.	AD		
•		Philadelphia		Zip Code	_
В.	For Attorneys				
	Date of signing:				
	Signature of Attorney				
	Printed Name of Attorney				
	Bar Number				
	Name of Law Firm		A		
	Address	107 -54			
		City	State	Zip Code	_
	Telephone Number				
	E-mail Address			A	

on about may 20,2020 I infromed these fellow correctional officer's face to face and on a grievance system. WARDEN FARRELL, Mador martin, SARGENT HEADS, SARGENT CRAWFORD, Lieutenant spellman, 00 : Gibson, CloiE. young, Clo: Johnson, Mo! Builey, Blanche Conney, I Spoke to THEM IN Person or I made SURE I notified THEM THAT. Me and my cell micheal witherspoon opt 1094022 was on Kunit in Cellizz. which we where place in protective costady. All Dependant above violated failure to protect from Inmate that where on general population status.
Came to are cells during. The 7+03 & 3+011 Shift where Cloigibson, CloiJohnson, Cloi Bailey, Cloi Expung was working them shift and supervisor where major martin that happen to be in Charge of K-unit at the time of incident and SArgent! HEADS, Sgt. (RAWFORD, Lieutenant Spellman was the main Supervisor for that Black Por them Shifts harden Farrell happen to be the worden for the Philadelphia-Industryil-correctional-center. Failed to keep me and micheal witherspoon unsife and on K-unit that where on general population to assualt us in the cell and able to come back out not notice by guards.

Innates informed to us if we was to tell that we will get stabled up. I informed All the correctional officer that where work from 3toll shift and Tto35hift about what had happen. They ignored up and walked away, we also inform Correctional officers and Supervisor they say they will make Changes. But we was coming out for activity/rec with the work and general population.

I inform wo wander Famell and let Blampe Carney Know that the Commissioner of prison that we where protective costody States, why are we Still house on K-unit where we me and my celly micheal witherpan felt unsafe at-we started to go with are 1st amendment right to pracite are rights That inmate an that are pretective custody Status Can't be house or be together with general population, we where getting patient retaliated by the above correctional officers only. Not getting are Commissally bag not getting RI cleaning also not able to come out for are rec at all.

dos afo failed to year found of the Andrew

M COMICY TO THAT Where an general population

TO ASSUALT US IN the OFFE and ADIE to

TO ME have out with the OFFE and ADIE to

I notifed and told all Supervisor

malor marting soft. IteaD, Soft. (RAWforD, IT. Spellman)

That we was attacked by inmate in are cell

they soid, that they will write us up for
fighting and we get sent to the RH.U

IP we don't want to go to the RH.U to Keep

are mouth shot so, that what we did we

kept are mouth shot.

warden Famell and Blanche Carney where

the one to be notifed and failed to move

us to the protective custedy Boilding in a

good timey fashion.

I think two month later we was sent

to C-unit protective custody unit warden

Farrell made the move.

on Around 6-6-2021 I was transfer

from CF.CF TO P.J.C.C I was sent to Abnit

From the moment I step on A-unit a couple
minute later a black rep come to me tells me
I got to check in pretective australy I ask
Clo to move me to P.C he asked me curry
I was like Just move me, Than I was
Ingular to D-unit inmate was trying attack
Me and I was then Hamfer to Evrit Where I
Observed Some the inmate where from K-unit
wearing appulation Clothes an and was housed
on the same block as protective custosy.

So on morning on 6-10-20 I think I was other there and a inmate from K-unit Breneral population was calling me a possy, Bitch, and glot of profanily and throw pissed were under are door and peop) shit that was evel and unuscrel punishment CAUSE OF K- unit being have with protective autaky I had to go thru that. I informed the officers that where working on the 7 to 3 shift and 3 to 11 shift what Mappen above. Go: morris, Go: Clark, Go: Jack Son yo mornis ingored me and walk away Saying this is Jail not a 5 Stew Hoteld (10': Clark Said, what do you want me to do and wasked off. C/O: Jackson told me she tell the Supervisor to get me transfer to CF.C.F. CAUSE I State due to me tryng Pollow my night that Inmate on the block wanted fo muste later a black res come-smithalls me So I got transer in two days thanks Un to Clo; Jackson ? of my war of of I was like just move me, my I was treater to print papete was trung affect

Me and I was those Hanter to Even't Where I

werengy appropriation Clothes on and will howed

exceed some the namete where from 1-1014

when I got transfer back to CF.CF

from PICC I was 95509/+

the day Cefther I came from PICC By 2 moderidual inmates rushing in my Cell afther I took a Shower and was attacked in the Cell, I infrom the officers C/6:S. RobbinSon and Cloich, Jones that was working that Shift of the incident that accord on they Shift. On Clom Cooper Ignore and cured atme. T Spoke to major R. Rose about what happen he top me that he does not handle them issues so I top him, I speak with Deputy worden! Our he got told me he don't handle them issue's to talk to sot, v. white Sgt. Granville and LT. G. malloy which Z Filled a grievance about my safety to housed me in the oell alone around 2-17-2021 I wited the growne form around 1-25-21 and was a told they will insore my Safety but failed to insure my safety. STILL 95 of right now I'm 9 state prison Twish to be order by this court to be Z- coded and have no cellys)

10 To my Serfely of being Killed or Raped my another immate,

I ANDY ORTIZ PRAIZIZGIT AM NOW A STATE PRESONER WISH FOR THIS COURT TO ORDER ME to BE Zooded and HAVE NO CELLY'S From other immate or being raped. Please and thank you. My Cases Back on the civil Night panel So I Can be appointed my an attorney at once. THANK GOO







Philadelphia Department of Prisons
Philadelphia, PA 19136
PPN 121297

[Legal]

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Sames A. Byrne U.S. Court house Room 2009 Market Street Street COT Market Street Street Esstern District Good of PiA CHENCE OF COUNT, EDP A